9936320451 **HIV**

Alabama Department of Public Heath
Bureau of Clinical Laboratories
8140 AUM Drive PO Box 244018 Montgomery, AL 36124-4018

Lab# 1111031

TESTING AGENCY

Patient's Last Name | **Patient's First Name** | **MI** | **Date of Birth** (/ /)

CHR Number | **Sex** | **Social Security Number** (- -) | **Date Specimen Collected** (/ /)

Ethnicity
- Hispanic
- Not Hispanic or Latino
- Don't Know
- Refused

Race - Check all that apply
- American Indian/Alaskan Native
- Asian
- Black/African American
- White
- Don't Know

Patient's Address | **Apartment Number**

Patient's City | **Patient's State** | **Patient's Zip Code** | **Phone Number**

Provider Name | **Site Code** | **County** | **Provider Zip Code**

Provider Address | **Provider City**

Test Technology:
- Conventional
- Rapid
- Other
- Oral Fluid

Specimen Type:
- Blood: finger stick
- Blood: venipuncture
- Urine
- Blood spot
- Oral mucosal transudate

Date Received: / /

Date Reported: / /

LAB

EIA HIV 1/2 Test Result
- Nonreactive
- Reactive
- Unsatisfactory

Western Blot Test Result
- HIV-1 Nonreactive
- HIV-1 Reactive
- HIV-1 Unsatisfactory
- HIV-1 Indeterminate

HIV 2 EIA Test Result
- HIV-2 Nonreactive
- HIV-2 Reactive*
- HIV-2 Unsatisfactory

ADDITIONAL PRE-TEST INFORMATION

Previous HIV Test
Yes* No Don't Know Refused Not Asked

Self Reported Result
Positive Negative Preliminary Positive Indeterminate Don't Know

If yes, provide date of last test (/ /)

First HIV Test Date (/ /)

Date of Last Negative Test (/ /)

Number of Test in Last 12 Months

Client Sexual Risk Factors
- Client refused to discuss risk factors
- Client was not asked about risk factors
- Client was asked, but no risk identified

If client risk factor information was discussed, please record the following:

	Vaginal or Anal Sex		Oral Sex	
with male	Yes	No	Yes	No
with female	Yes	No	Yes	No

Injection Drug Use (IDU)
Has client ever used injection drugs? Yes No
If yes, did client share injection equipment? Yes No

Non-Injection Drug Use (Non-IDU)
Has client used non-injection drugs? Yes No
If yes, what is the drug of choice? _____

Session Activity
During this visit, was a risk reduction plan developed for the client? Yes No

Did client have vaginal or anal sex in past 36 months:
- with person who is HIV positive? Yes No
- with person who is IDU? Yes No
- with person who is MSM? Yes No
- without using a condom? Yes No

POST-TEST NOTIFICATION

Result Provided Yes No

Date Reported / /

If results not provided, why not?
- Declined notification
- Did not return/could not locate
- Obtained results from another agency

REFERRALS

CDC REQUIRES THE FOLLOWING INFORMATION ON POSITIVES

Was client referred to medical care? Yes No
If no, why?
- Client already in care
- Client declined care

Did client attend the first appointment?
Yes
No
Don't Know

Was client referred to HIV Prevention Services? Yes No
Was client referred for PCRS? Yes No
Was client referred for STD testing? Yes No
Was client referred for a TB testing? Yes No
If female, is client pregnant? Yes No Not Asked Declined
If yes, in prenatal care? Yes No Not Asked Declined

If no, was client referred for prenatal care? Yes No

If yes, did client attend first prenatal care appointment? Yes No Don't Know

CONTROL COPY
Send to CENTRAL OFFICE
ADPH, 201 Monroe Street, Suite 1400, Montgomery, AL 36104

ADPH-CL-109-2ND-10-07-DD